

TOWAMENCIN TOWNSHIP

1090 Troxel Road, Lansdale, PA 19446  
Phone: (215) 368-7602 Fax: (215) 368-7650  
permits@towamencin.org

**NON-RESIDENTIAL**  
**CERTIFICATE OF OCCUPANCY APPLICATION**

PROPERTY TO BE INSPECTED: \_\_\_\_\_ SUITE/UNIT#: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT NAME (Seller, Agent,): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NEW OWNER/TENANT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NEW OWNER/TENANT ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

STATEMENT AS TO THE **PRESENT USE(S)** OF THE BUILDING OR LAND: \_\_\_\_\_

DETAILED DESCRIPTION AS TO THE **PROPOSED USE(S)** OF THE BUILDING OR LAND TO INCLUDE OPERATIONS OR PROCESSES,  
STORAGE OR USE, # OF OFFICES, ACTIVITIES, MANUFACTURING/INDUSTRIAL PRODUCTS PRODUCED: \_\_\_\_\_

SQUARE FOOTAGE (TOTAL BUILDING/TENANT): \_\_\_\_\_ / \_\_\_\_\_ DATE OF INTENDED OCCUPANCY: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_ PHONE#: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

USE OF OCCUPANCY OF A PROPERTY WITHOUT A CERTIFICATE OF OCCUPANCY CONSTITUTES VIOLATION OF TOWAMENCIN  
TOWNSHIP ORDINANCE No. 87-9, AS LAST AMENDED AND MAY RESULT IN PROSECUTION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT  
**\*\*Applicant – Please read and SIGN page 2 as well\*\***

**-OFFICIAL USE ONLY BELOW THIS LINE-**

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<p>IBC Building Type: (IA) (IB) (IIA) (IIB) (IIIA) (IIIB) (IV) (VA) (VB) IBC Use Group/Groups: Separated _____ Non-separated _____ (A1) (A2) (A3) (A4) (A5) (B) (E) (F1) (F2) (H1) (H2) (H3) (H4) (H5) (I1) (I2) (I3) (I4) (M) (R1) (R2) (S1) (S2) (U)</p>
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Zoning Classification: \_\_\_\_\_ Permitted: \_\_\_\_\_

Approvals: \_\_\_\_\_  
Zoning Officer Date Building Official Date

Date and Time of Inspection: \_\_\_\_\_ Permit No: \_\_\_\_\_ Date Issued: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

## INSPECTIONS

Validity of a Certificate of Occupancy is contingent upon compliance with all Towamencin Twp. Ordinances. Property owner is responsible for this compliance.

NON-RESIDENTIAL INSPECTIONS: Non-residential properties will be required to be in compliance with all Towamencin Township Ordinances and with Commonwealth of Pennsylvania Labor and Industry requirements.

## REQUIREMENTS

1. PROPERTY USE IS IN ACCORDANCE WITH ZONING.
2. FUNCTIONING SMOKE DETECTOR IN A CENTRAL LOCATION AT EACH LEVEL, INCLUDING BASEMENT. SYSTEM AND TYPE OF SMOKE DETECTOR INSTALLED WHEN STRUCTURE WAS BUILT MUST BE MAINTAINED. WHERE A SECURITY SYSTEM ALSO MONITORS THE SMOKE DETECTORS, PLEASE CALL THE CODE ENFORCEMENT DEPARTMENT FOR SPECIAL INSTRUCTIONS.
3. FUNCTIONING SINKS AND TOILETS.
4. FUNCTIONING GARBAGE DISPOSAL, IF APPLICABLE.
5. WORKING FANS IN NON-VENTILATED BATHROOMS. (BATHROOMS WITH NO OPERATING WINDOWS.)
6. HANDRAILS AND/OR GUARDRAILS AT ALL STAIRWAYS.
7. NO UNFILLED OPENINGS IN ELECTRIC CIRCUIT BREAKER BOX (MUST BE SWITCHES OR BLANKS).
8. NO VISIBLE OPENINGS IN WALL BOARD.
9. NO VISIBLE OPENINGS IN EXTERIOR, WHICH ALLOW WEATHER TO BREACH THE INTERIOR.
10. NO VISIBLE EXPOSED/UNCAPPED ELECTRIC WIRES OR UNCOVERED RECEPTACLES.
11. PRESSURE RELIEF VALVE ON HOT WATER HEATERS MUST HAVE A DROP PIPE 6" FROM THE FINISHED FLOOR.
12. IRON GAS PIPES MUST BE GROUNDED.
13. SUMP PUMP DISCHARGES TO EXTERIOR OF BUILDING. **(NOT INTO SANITARY SEWER PIPE)**
14. FIRE RATED DOOR AND ASSEMBLY BETWEEN USAGES.
15. GUARD RAIL 42" HIGH REQUIRED AT ALL BALCONIES, MEZZINENE AND DECKS ABOVE 30" FROM FINISHED FLOOR OR GRADE.
16. SANITARY SEWER VENT - FOR ALL SANITARY SEWER CONNECTIONS TO THE PUBLIC SEWER SYSTEM, THE YARD VENT FROM THE WASTE WATER PIPE TO ABOVE GRADE, MUST BE ABOVE GROUND AND CAPPED. ALTHOUGH LANDSCAPING MAY EXIST AROUND THE VENT, THE LANDSCAPING, OR ANYTHING ELSE, MAY NOT COVER THE VENT.
17. DOWN SPOUTS - ALL DOWN SPOUTS MUST BE DISCHARGING TO OR INTO THE GROUND, THE STREET, OR BE DIRECTLY CONNECTED TO THE STORM WATER SYSTEM. **(NOT INTO SANITARY SEWER PIPES)**
18. **ALL WALKS, SIDEWALKS, MUST BE FREE OF ALL TRIPPING HAZARDS.**
19. FIRE SUPRESSION SYSTEM INSPECTED BY TOWNSHIP FIRE MARSHAL'S OFFICE. PLEASE CALL PRIOR TO USE OF OCCUPANCY INSPECTION TO MAKE AN APPOINTMENT.
20. ALL EMERGENCY LIGHTING / EXIT LIGHTING OPERATING PROPERLY.
21. **APPLICANT / OWNER MUST CALL TOWNSHIP TO SCHEDULE INSPECTION.**

I HAVE READ THE ABOVE INFORMATION REGARDING INSPECTIONS:

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SIGNATURE OF APPLICANT



**EMERGENCY CONTACT FORM**

All information supplied is strictly confidential and is for emergency use only.  
Please be sure to complete form Legible.

Date of Form Completion: \_\_\_\_\_ Form Completed by: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Emergency Contact Information (Place in priority order. Closest person first)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Alarm Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fire Alarm Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sprinkler Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Return Emergency Contact Form to Towamencin Township**  
**Email: Bill Oettinger (Fire Marshal) at [boettinger@towamencin.org](mailto:boettinger@towamencin.org)**  
**Fax: (215) 368-7650**  
**Mail: Towamencin Township, 1090 Troxel Rd, Lansdale, PA 19446.**

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**FOR OFFICE USE ONLY**

Date sent to 911 center: \_\_\_\_\_ Sent By: \_\_\_\_\_

1090 TROXEL ROAD, LANSDALE, PA 19446

# TOWAMENCIN MUNICIPAL AUTHORITY

## MEMO

**To:** Non-Residential users of the Wastewater system of Towamencin Township.

**From:** Towamencin Municipal Authority

**Re:** Industrial Survey/Discharge Permit Application

Dear Non-Residential Use & Occupancy Permit Applicant,

Attached please find the above referenced document. This information is required from all non-residential users of the wastewater collection and treatment system. Compliance is required under Towamencin Township Ordinance No. 84-6, and, as amended, No. 90-2, No. 94-1, No. 94-14, No. 97-6, Sections 307 (b, c) and 402 (b) (8) of the Clean Water Act.

In following the requirements of this US EPA mandated program; all non-residential customers of the wastewater system must be permitted. This application and survey is for that permit. Once the completed Survey/Application is returned to Towamencin Township, a non-residential user wastewater discharge permit will be issued by The Towamencin Municipal Authority for your business location. This is not the Use and Occupancy permit, but a Wastewater Discharge Permit.

Currently, there are no costs associated with this application or issuance of the Wastewater Discharge Permit.

Please feel free to call 215-855-8165 if you have any questions regarding this program or need assistance in completing this application.

**2225 Kriebel Road, Lansdale PA 19446**  
Phone 215 855-8165 Fax 215 855-2375

**TOWAMENCIN MUNICIPAL AUTHORITY**

**INDUSTRIAL SURVEY/DISCHARGE PERMIT APPLICATION**

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**A.1 SITE ADDRESS:** \_\_\_\_\_  
COMPANY NAME  
\_\_\_\_\_  
STREET #, STREET  
\_\_\_\_\_  
CITY/, STATE, ZIP  
\_\_\_\_\_  
TOWNSHIP

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**A.2 OWNER/LANDLORD ADDRESS:** \_\_\_\_\_  
STREET #, STREET  
\_\_\_\_\_  
CITY, STATE, ZIP

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**A.3 SEWER BILLING ADDRESS:** \_\_\_\_\_  
STREET #, STREET  
\_\_\_\_\_  
CITY, STATE, ZIP  
\_\_\_\_\_  
BILLING CONTACT

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**A.4 CONTACT #1:** \_\_\_\_\_  
NAME PHONE #  
\_\_\_\_\_  
TITLE

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**CONTACT #2:** \_\_\_\_\_  
NAME PHONE #  
\_\_\_\_\_  
TITLE

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**CONTACT #3:** \_\_\_\_\_  
NAME PHONE #  
\_\_\_\_\_  
TITLE

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**TO BE COMPLETED BY TMA:**

DATE RECEIVED: \_\_\_\_\_ REVIEWED BY : \_\_\_\_\_ DATE: \_\_\_\_\_  
COMPUTER ENTRY: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE PERMIT ISSUED: \_\_\_\_\_

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**TOWAMENCIN MUNICIPAL AUTHORITY**

**Note to Signing Official:** In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required by your facility, the information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

\_\_\_\_\_  
Signature of Official  
(Seal, if applicable)

\_\_\_\_\_  
Date

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**GENERAL INFORMATION:**

**B.1** Provide a brief narrative description of the manufacturing, production, and/or service activities your firm conducts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B.2** When did/will your firm start operation at this location? \_\_\_\_\_

**B.3** Indicate the total number of employees working at your firm.

Part Time: \_\_\_\_\_

Full Time: \_\_\_\_\_

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## TOWAMENCIN MUNICIPAL AUTHORITY

**C.1** If your facility employs processes in any of the 52 industrial categories or business activities listed below, place a check beside each category or business activity which applies.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Adhesives & Sealants Manufacturing<br><input type="checkbox"/> Aluminum Forming<br><input type="checkbox"/> Automove Repair<br><input type="checkbox"/> Bakery<br><input type="checkbox"/> Batteries Manufacturing/Recycling<br><input type="checkbox"/> Bottler or Packaging Company<br><input type="checkbox"/> Brewery<br><input type="checkbox"/> Car Wash<br><input type="checkbox"/> Coil Coating or Can Making<br><input type="checkbox"/> Copper Forming<br><input type="checkbox"/> Dairy Products<br><input type="checkbox"/> Doctor, Dentist, Physical Therapist<br>Veterinarian<br><input type="checkbox"/> Electric & Electronic Components<br><input type="checkbox"/> Electroplating<br><input type="checkbox"/> Equipment Repair<br><input type="checkbox"/> Explosives Manufacturing<br><input type="checkbox"/> Fertilizer Manufacturing<br><input type="checkbox"/> Food-Bulk Processor<br><input type="checkbox"/> Glass Manufacturing<br><input type="checkbox"/> Gum & Wood Chems. Manufacturing<br><input type="checkbox"/> Industrial Laundry<br><input type="checkbox"/> Ink Formulation<br><input type="checkbox"/> Inorganic Chemicals Manufacturing<br><input type="checkbox"/> Iron & Steel Manufacturing<br><input type="checkbox"/> Laundromat<br><input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Machine Shop<br><input type="checkbox"/> Mechanical Products Manufacturing<br><input type="checkbox"/> Metal Finishing<br><input type="checkbox"/> Metal Molding & Casting<br><input type="checkbox"/> Nonferrous Metals Manufacturing<br><input type="checkbox"/> Organic Chemicals Manufacturing<br><input type="checkbox"/> Paint Formulation<br><input type="checkbox"/> Pesticides Manufacturing<br><input type="checkbox"/> Petroleum Refining<br><input type="checkbox"/> Pharmaceuticals<br><input type="checkbox"/> Photograph Developing<br><input type="checkbox"/> Photographic Supplies Manufacturing<br><input type="checkbox"/> Plastic & Synthetic Materials<br>Manufacturing<br><input type="checkbox"/> Plastics Processing<br><input type="checkbox"/> Porcelain Enameling<br><input type="checkbox"/> Printing & Publishing<br><input type="checkbox"/> Pulp, Paper, & Paperboard<br>Manufacturing<br><input type="checkbox"/> Restaurant or Cafeteria<br><input type="checkbox"/> Rubber Manufacturing<br><input type="checkbox"/> Slaughter/Meat Packing/Rendering<br><input type="checkbox"/> Soaps & Detergents Manufacturing<br><input type="checkbox"/> Steam Electric Generation<br><input type="checkbox"/> Textile Mills<br><input type="checkbox"/> Woodworking Shop |
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**C.2** Pretreatment devices used for treating wastewater or sludge. Check as many as appropriate.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Air Floatation<br><input type="checkbox"/> Centrifuge<br><input type="checkbox"/> Chemical Precipitation<br><input type="checkbox"/> Chlorination<br><input type="checkbox"/> Cyclone Filtration<br><input type="checkbox"/> Filtration<br><input type="checkbox"/> Flow Equalization<br><input type="checkbox"/> Grease or Oil Separation;<br>Type: _____<br><input type="checkbox"/> Grease Trap<br><input type="checkbox"/> Grit Removal<br><input type="checkbox"/> Ion Exchange<br><input type="checkbox"/> Neutralization, pH correct<br><input type="checkbox"/> Ozonation<br><input type="checkbox"/> Reverse Osmosis<br><input type="checkbox"/> Screen | <input type="checkbox"/> Sedimentation<br><input type="checkbox"/> Septic Tank<br><input type="checkbox"/> Solvent Separation<br><input type="checkbox"/> Spill Protection<br><input type="checkbox"/> Sump<br><input type="checkbox"/> Biological Treatment;<br>Type: _____<br><input type="checkbox"/> Rainwater Diversion or Storage<br><input type="checkbox"/> Other Chemical Treatment;<br>Type: _____<br><input type="checkbox"/> Other Physical Treatment;<br>Type: _____<br><input type="checkbox"/> Other;<br>Type: _____<br><input type="checkbox"/> No Pretreatment Provided |
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## TOWAMENCIN MUNICIPAL AUTHORITY

**D.1** This facility generates the following types of waste. Check all of those which apply; N/A where appropriate.

		<u>Average Gal.</u> <u>Per Day</u>		
<b>D.1.a</b>	( ) Domestic Wastes (Restrooms, Showers, etc.)	_____	( ) estimated	( ) measured
<b>D.1.b</b>	( ) Cooling Water, Noncontact	_____	( ) estimated	( ) measured
<b>D.1.c</b>	( ) Boiler/Tower Blowdown	_____	( ) estimated	( ) measured
<b>D.1.d</b>	( ) Cooling Water, Contact	_____	( ) estimated	( ) measured
<b>D.1.e</b>	( ) Process	_____	( ) estimated	( ) measured
<b>D.1.f</b>	( ) Equipment/Facility Washdown	_____	( ) estimated	( ) measured
<b>D.1.g</b>	( ) Air Pollution Control Unit	_____	( ) estimated	( ) measured
<b>D.1.h</b>	( ) Storm Water Run-Off to Sewer	_____	( ) estimated	( ) measured
<b>D.1.i</b>	( ) Other; Describe _____	_____	( ) estimated	( ) measured

**D.2 TOTAL D.1.a - D.1.i:** \_\_\_\_\_

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**D.3** Indicate where the wastes identified in Section D.1 are discharged as follows. Check all of those that apply; N/A where appropriate.

		<u>Average Gal.</u> <u>Per Day</u>		
<b>D.3.a</b>	( ) Sanitary Sewer	_____	( ) estimated	( ) measured
<b>D.3.b</b>	( ) Storm Sewer	_____	( ) estimated	( ) measured
<b>D.3.c</b>	( ) Surface Water	_____	( ) estimated	( ) measured
<b>D.3.d</b>	( ) Ground Water	_____	( ) estimated	( ) measured
<b>D.3.e</b>	( ) Waste Haulers	_____	( ) estimated	( ) measured
<b>D.3.f</b>	( ) Evaporation	_____	( ) estimated	( ) measured
<b>D.3.g</b>	( ) Other; Describe _____	_____	( ) estimated	( ) measured

**D.4 TOTAL D.3.a - D.3.i:** \_\_\_\_\_

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**PLEASE NOTE:** If you have checked any of the categories of **Part C.1**, you may be receiving an additional survey, in order to complete our files. Thank you for your cooperation.

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